



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 26, 2023

Manda Ayoub
Pomeroy Living Northville Assisted & Memory Care
40033 W. Eight Mile
Northville, MI 48167

RE: License #: AH820381235

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. If you fail to submit an acceptable corrective action plan, disciplinary action will result. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the home for the aged authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH820381235
Licensee Name:	Beacon Square Northville
Licensee Address:	5480 Corporate Drive, Suite 130 Troy, MI 48098
Licensee Telephone #:	(248) 723-2100
Authorized Representative:	Manda Ayoub
Administrator:	Sue Fickau
Name of Facility:	Pomeroy Living Northville Assisted & Memory Care
Facility Address:	40033 W. Eight Mile Northville, MI 48167
Facility Telephone #:	(248) 349-0400
Original Issuance Date:	03/25/2016
Capacity:	109
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2023

Date of Bureau of Fire Services Inspection if applicable: 03/06/2023- "C" rating

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/13/2023

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 21

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services is responsible for review of fire drills, however it was noted that the last fire drill occurred on 9/6/23.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 09/20/2022, R 325.1932 (5)
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:</p>	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Resident A's chest x-ray was completed after her move in and not prior to admission as outlined in this rule.</p>	
R 325.1932	Resident medications.
	<p>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</p>

Medication administration records (MAR) were reviewed for the previous six weeks. The following observations were made:

Resident B missed one or more scheduled doses of Tramadol on 8/18/23, 8/30/23 and 8/31/23. Based on the documentation, it is unknown why Resident B did not receive her scheduled medications on those dates. Staff left the MAR blank and did not document a reason for the missed med passes.

Resident C is prescribed Ketoconazole shampoo and is instructed to use it every other day. Resident C did not receive a shampoo application from 9/2/23-9/6/23.

R 325.1953	Menus.
	(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.

The menu posted in the assisted living dining room was not updated to reflect the current week and instead listed meals for the week of 9/3/23-9/9/23.

IV. RECOMMENDATION

Contingent upon approval of an acceptable corrective action plan, renewal of the license is recommended.



09/26/2023

Elizabeth Gregory- Weil
Licensing Consultant

Date